

Study Commission on Aging

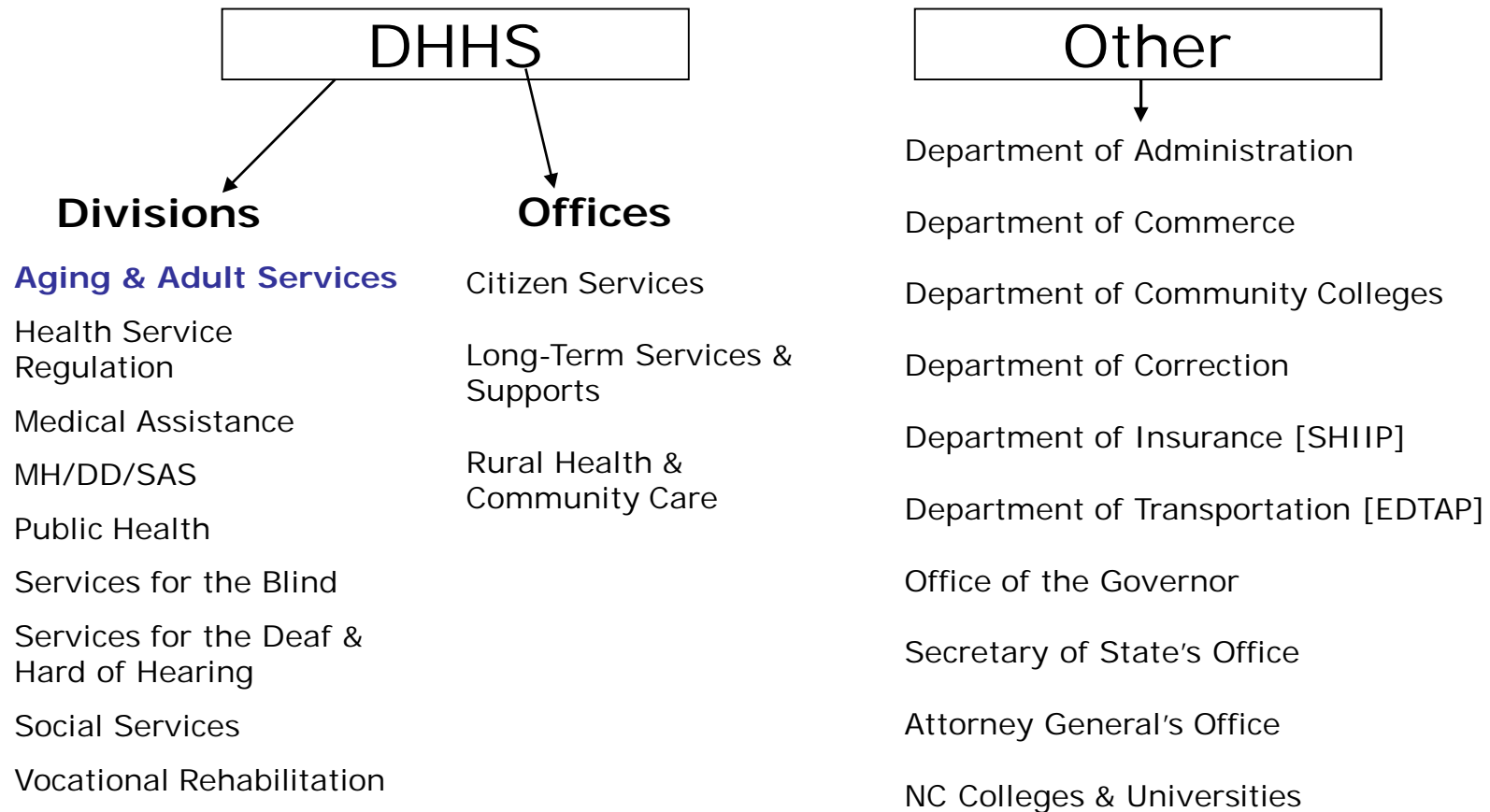
- ***Update on Aging Programs and Services***
- ***Preparations for Aging Baby Boomers***
- ***Project CARE Plan Development/Implementation
(S.L. 2010-31, Sec. 10.35B)***

Dennis W. Streets

NC Division of Aging and Adult Services

January 13, 2011

Who's Involved with Older Adults?

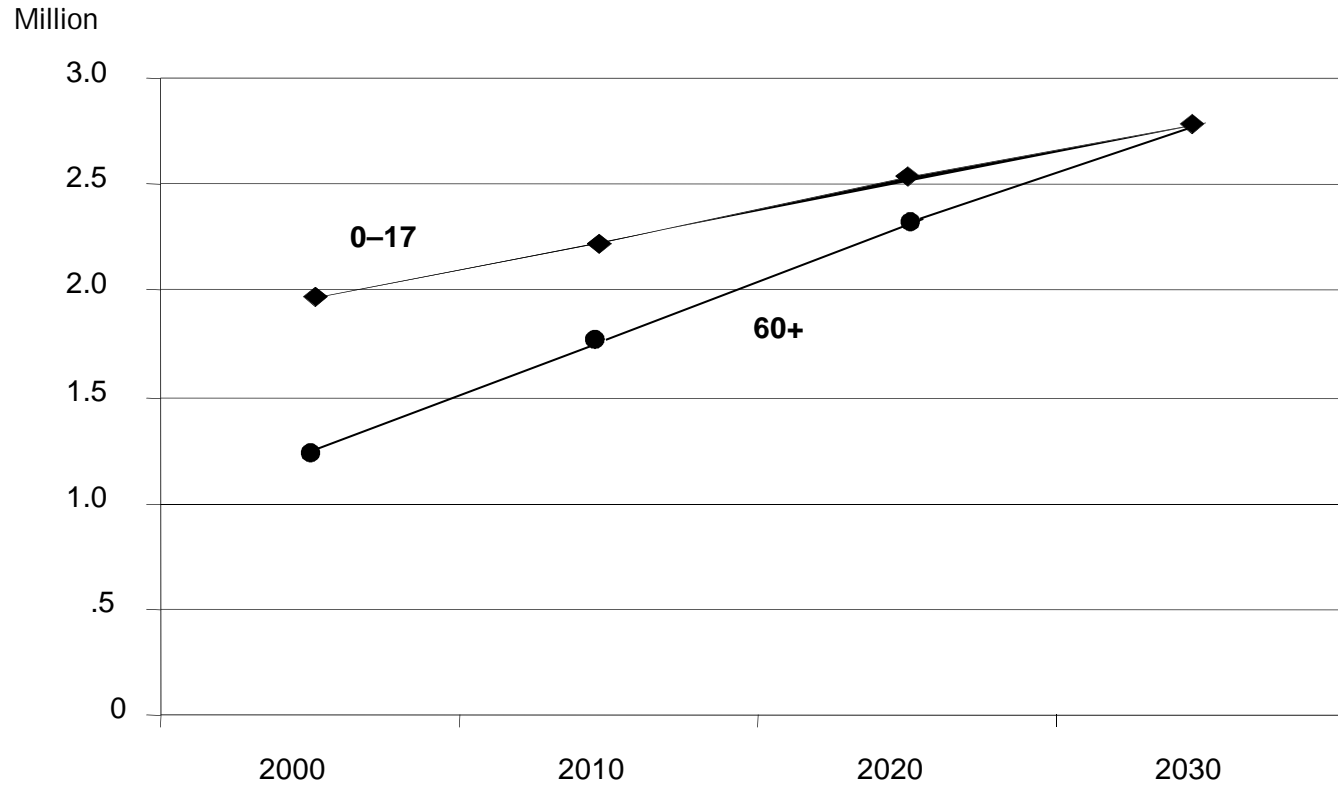


Reported Public Expenditures by Agency/Funding Source for Services to 60+, SFY 2009-10 [08-09]

Agency/ Funding Source	Total Expenditures	Percent of Total
Medical Assistance	\$2,656,105,768 [\$2.6b]	84.3% [83.7%]
Social Services*	\$242,400,633 [\$215m]	7.7% [6.9%]
Mental Health	\$163,160,959 [\$209m]	5.2% [6.7%]
Aging and Adult Services*	\$72,900,863 [\$68.5 m]	2.3% [2.2%]
Other Agencies	\$17,613,172 [\$18m]	0.5% [0.5%]
TOTAL	\$3,152,181,395 [\$3.15b]	100%

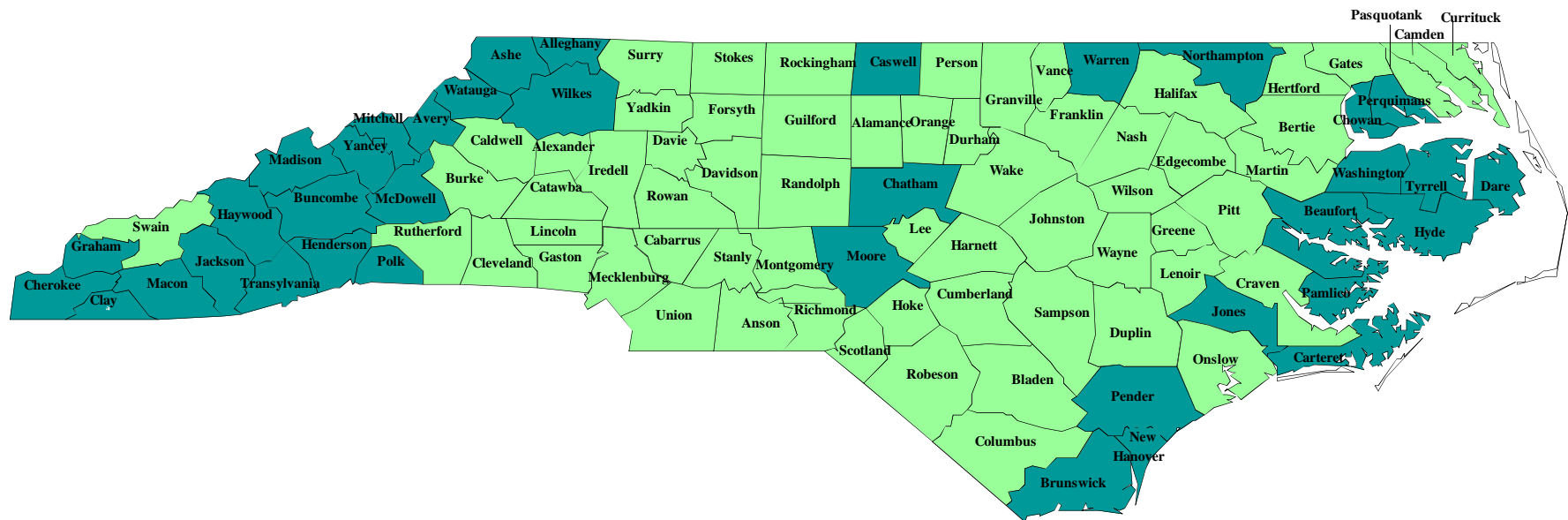
*DAAS administers \$106,718,195 that is in the DSS budget; adjusted DAAS total is \$179,619,058 or 5.7%; adjusted DSS total is \$135,682,438 or 4.3%

Growth of North Carolina Population 2000 to 2030



Source: NC State Data Center

Number of NC counties with fewer or more persons age 0-17 as compared with persons age 60+ in 2009

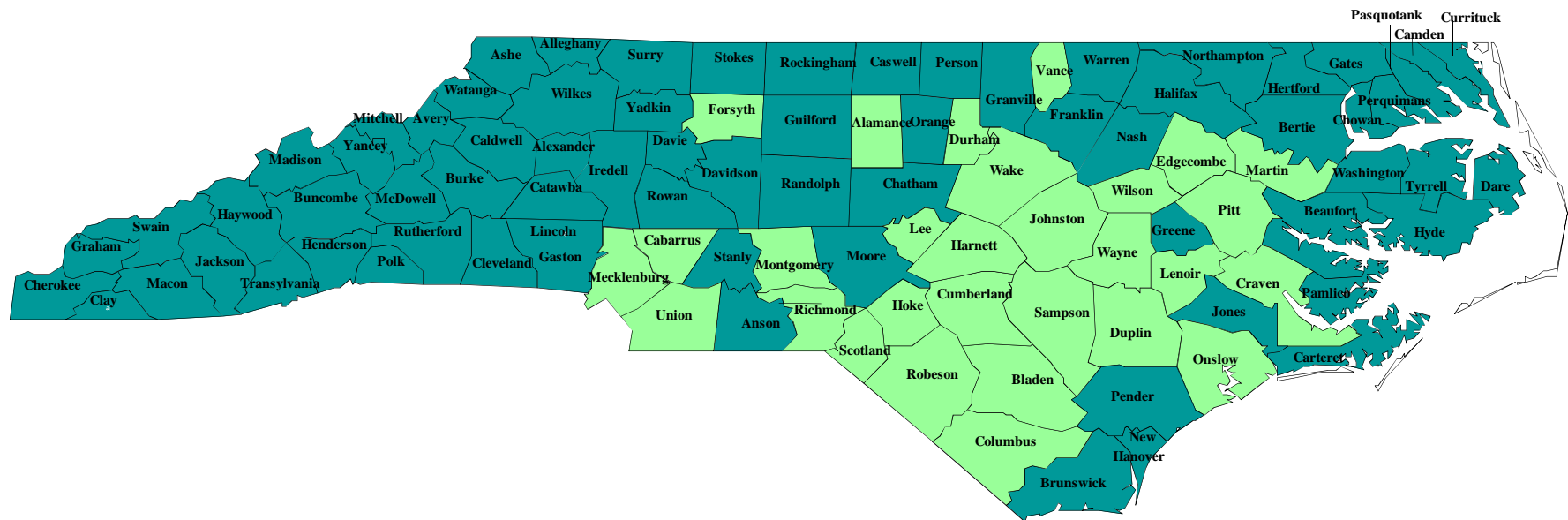


Counties with more 60+ than 0-17



Counties with more 0-17 than 60+

Number of NC counties with fewer or more persons age 0-17 as compared with persons age 60+ in 2030



Counties with more 60+ than 0-17



Counties with more 0-17 than 60+

Other Noteworthy Statistics



- More than 4 in 10 of those age 75+ have income less than 200% of poverty level
- Nearly 90,000 grandparents are responsible for one or more minor grandchildren
- More than a quarter of NC's population today are aging boomers (47-65 years old)
- Nearly a quarter of persons 65+ are Veterans; more than a third of NC's Veterans are 65+
- 1 in 10 of 65+ households do not have a car
- About 385,000 residents age 65+ in NC are visually impaired or blind
- Over 170,000 older adults in NC currently have Alzheimer's or other dementia; by 2030, 288,000

Quick Overview of Status of Some Programs and Services

- Need for home and community services continues to stress HCCBG
- Growing pressure on Adult Protective Services
- Senior Centers trying to do more with less
- Special Assistance participation higher than projected

Overview of Home and Community Care Block Grant (HCCBG)— NC, a leader



- General Assembly established HCCBG in July 1992
- Combined federal Older Americans Act, Social Services Block Grant and relevant State Appropriations
- Gave counties greater discretion and authority in determining services, service levels, and providers
- Counties choose among 18 eligible services
- Focus on supporting frail elderly at home, improving physical & mental health, assisting with access to services & information, providing family caregiver relief, and helping seniors remain active

HCCBG Services

**Over 80% used for these services*

Adult Day Care	Health Screening	Mental Health Counseling
Adult Day Health Care	*Home Delivered Meals	Senior Center Operations
Care Management	Housing & Home Improvement	Senior Companion
*Congregate Nutrition	Information and Assistance	Skilled Home (Health) Care
Group Respite	*In-Home Aide (levels I-IV)	*Transportation
Health Promotion & Disease Prevention	Institutional Respite Care	Volunteer Program Development



Whom We're Serving

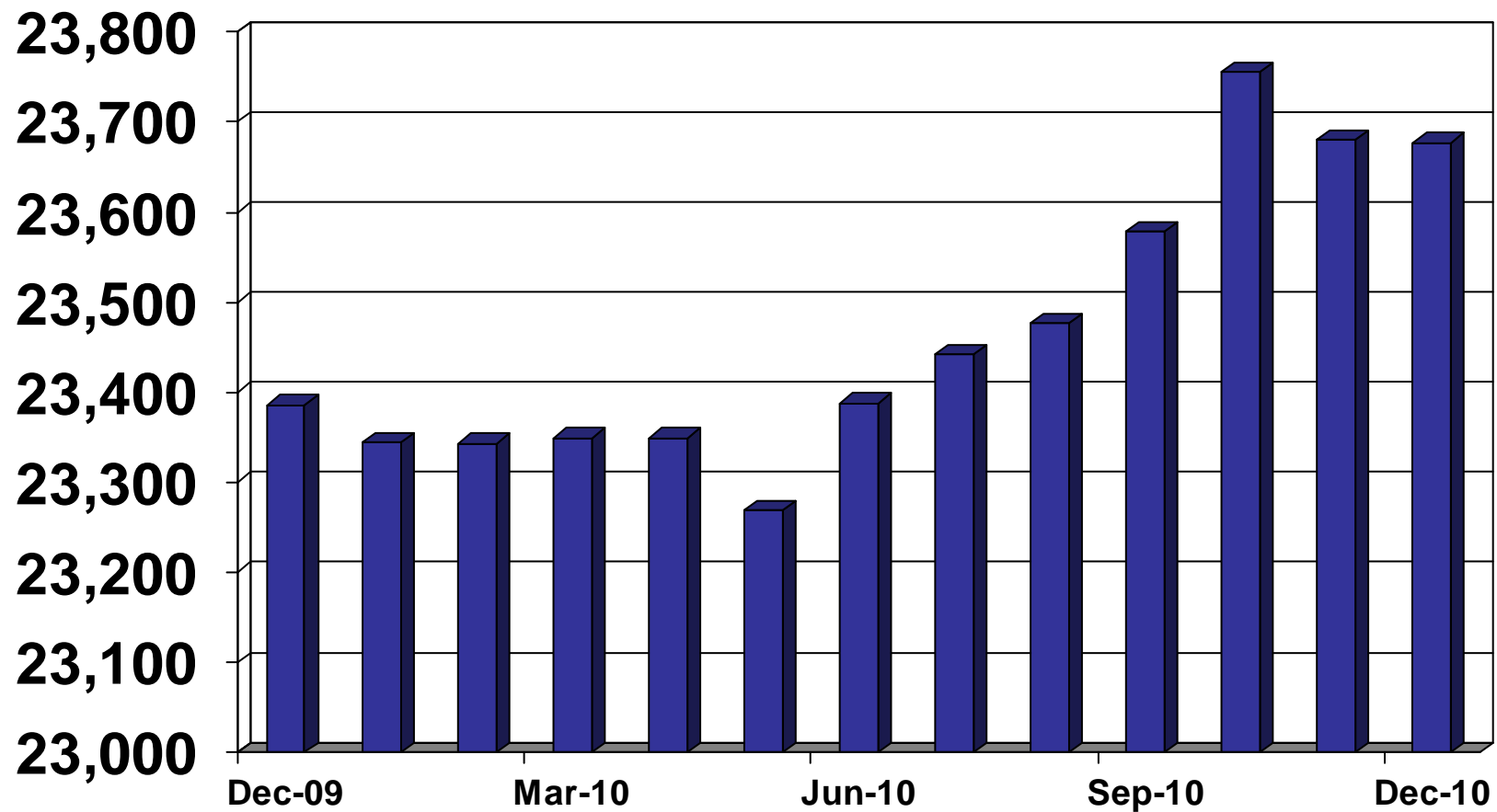


Characteristic	HCCBG Participants	General NC Population 60+
Women	72%	58%
Minority	35%	18%
Age 75+	58%	34%
Living Alone	49%	28%
Unable to Manage on Own	72%	12%
At Risk of Malnutrition	66%	----
Reported Low Income	48%	13% <poverty 36% <200% poverty

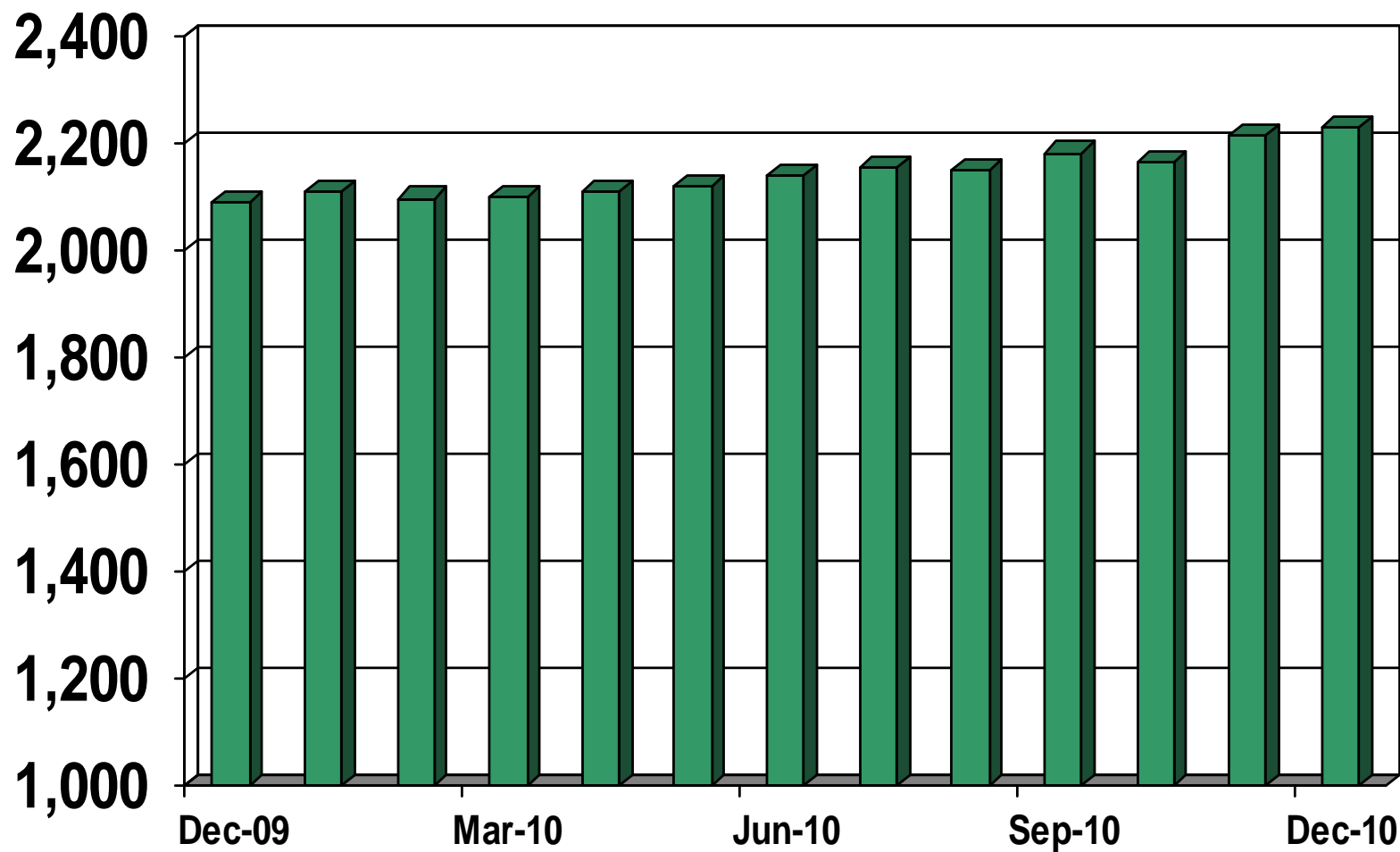
Status of the Home and Community Care Block Grant

- Overall funding has increased about 24% since SFY 2000-01; State funds by about 16%—taking into account non-recurring reductions in allocated funds
- Statewide utilization/expenditure rate remains very high—99.1% in SFY 2009-10
- Service unit costs have increased
- Decrease in clients served (-9.7%) and total service units (-16.5%) between July 1, 2000 – June 30, 2010; while NC population age 60+ and 75+ grew by 34% and 25%
- Wait list estimated between 16-17,000

■ **Special Assistance Active Residential Facility Cases at Beginning of Month**



■ Special Assistance In-Home Active Cases at Beginning of Month



S.L. 2009-407 (SB 195)

Called on UNC Institute on Aging and DAAS to help State prepare for increased numbers of older adults by:

- ❖ Organizing and facilitating meetings to identify and prioritize issues for the State to address
- ❖ Working with others to establish a website with information on fostering retiree and volunteer involvement, and models of local planning efforts

Preparing for an Aging NC

www.aging.unc.edu/service/preparing

Mandate—SB 195 and Executive Order No. 54

Activities

- ❖ Review of Other States' Efforts
- ❖ Readiness Survey of State Agencies
- ❖ Statewide Policy Roundtables
- ❖ Policy Sessions at the Governor's Conference on Aging

Resources

- ❖ Quick Facts about Aging Demographics in NC
- ❖ What Are Other States Doing? List of Multi-Agency Initiatives
- ❖ Public Policy/Issues
- ❖ Workforce Issues
- ❖ Existing Planning Information in NC
- ❖ Role of Higher Education in Preparing for Older Population
- ❖ List of Volunteer Options for Older Adults

eed to talk or have
need answered?

*Engaged—A Wisdom
Works Model*

e to help in any situation.

Community Connections *Building Community
Infrastructures to Support Transitions from
Hospital to Home*

e hard. Kids depend on us, and

Circle of Parents—Sharing Ideas Sharing Support

e of us could possibly have enough

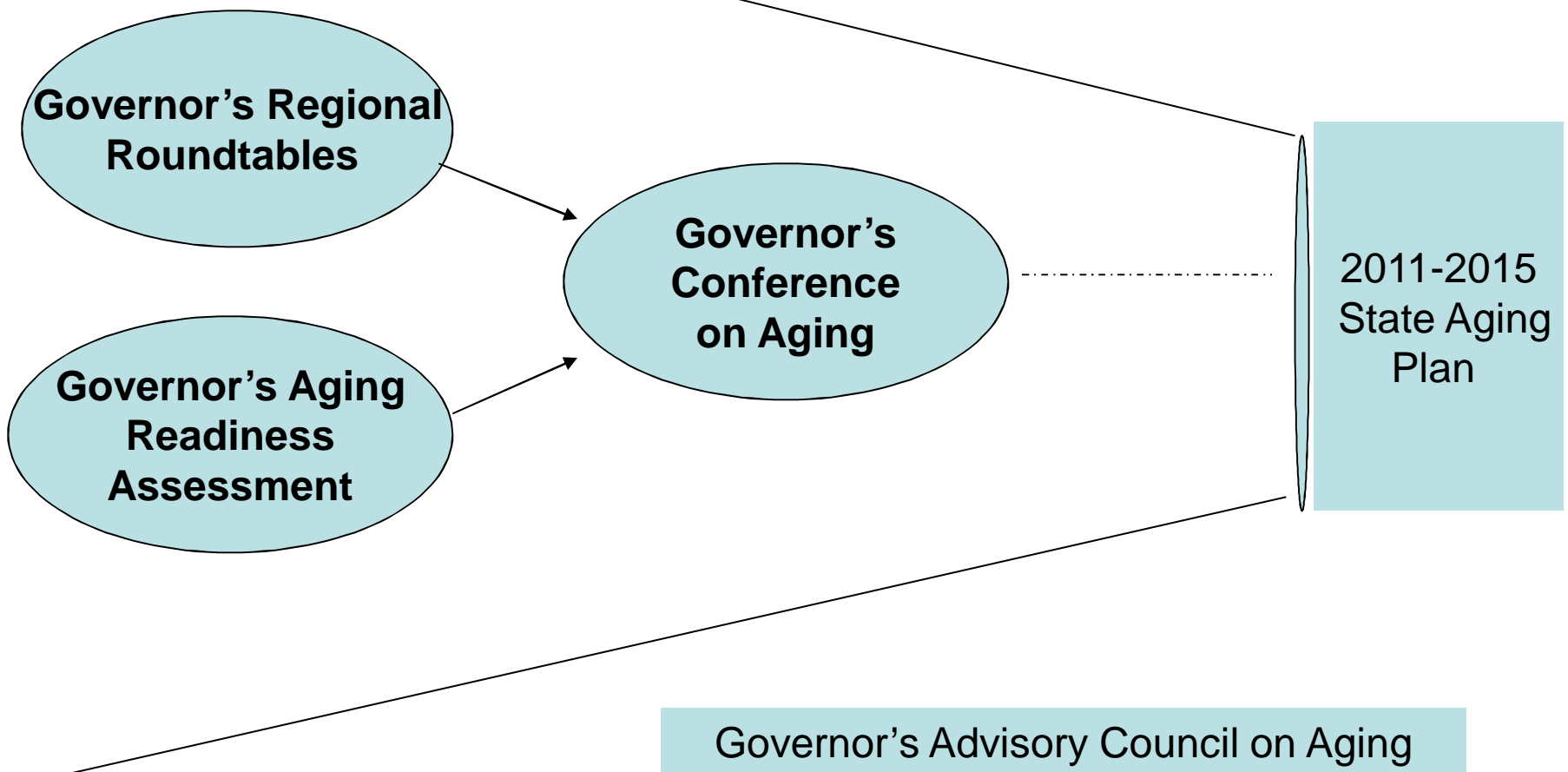
A little help might be just what you

need...or just what you can give.—Respite Caregiver/Senior Sitter's List

give them everything they need. But

other parents or caregivers who might

Focus on Aging— *Living Wise and Aging Well*



Governor's Regional Roundtables

Building a Livable and Senior-Friendly North Carolina

- Health and Aging
- Economics of Aging
- Access and Choice in Services and Supports
- Lifelong Engagement and Contributions
- Homes and Neighborhoods
- Safe Communities



Issues from Regional Roundtables— People want....



- Better links between health and home/community care providers
- Sufficient number of qualified professionals and paraprofessionals
- Access to preventive care
- Access to affordable dental and mental health care
- Education and training to retool older workers
- Supports to help people age in the community
- Clear information about choices for individuals and family caregivers
- Adequate transportation and housing
- More positive image of aging

Executive Order No. 54— Focus of Assessment

- Studies, plans and reports
- Aging of State's workforce and response
- Effect on policies, programs and services
- Use of technology and adaptive devices
- Adaptation of built environment
- Collaboration with other organizations
- Involvement of older adults, their families and caregivers
- Use of senior volunteers
- Upcoming challenges and issues
- Programs/activities underway to assist local communities

Aging Liaison Role

- ✓ Attend orientation
- ✓ Communicate purpose & expectations
- ✓ Assure timely & informed completion of assessment
- ✓ Serve as key contact
- ❖ Attend & possibly present at Governor's Conference
- ❖ Report to Governor's Advisory Council on Aging on request
- ❖ Promote ongoing communications about aging matters
- ❖ Participate in follow-up meetings to review results and help plan for local assessment
- Coordinate collection and maintenance of information for public web-hub
- Offer input for State Aging Plan
- Help dispel myths and encourage consideration of aging perspective

Preliminary Assessment Findings

- Almost two-thirds have not produced any recent plans, reports, etc. related to aging
- 89% know the # of employees eligible to retire; 72% know which departments/units will experience most critical brain drain; 6% have a plan to address this skills loss
- Nearly three-quarters say that there are not human resource policies that make it easier to retain older workers; and there are policies/practices that make it more difficult to hire back retirees to meet skill needs

Preliminary Assessment Findings

- 13% of agencies have staff spending some time focused on preparing for an aging workforce; while nearly three-quarters see the aging workforce as a real future challenge
- 75% anticipate an increase in demand for their programs and services;
 - 37% have made recent changes in how their implementation of these to accommodate this increased demand;
 - 44% have not yet begun planning for this increased demand;
 - 32% have a staff member who has some time designated to preparing for this increased demand

Preliminary Assessment Findings

- Nearly two-thirds (60%) of the agencies do not directly solicit the view of older adults, their families, or caregivers, in helping shape programs/services
- Only 15% of agencies have volunteer programs that engage older adults to extend capacity of their workforce
- Only 13% offer staff elder care information

“As we all know — our state will see a huge wave of older citizens in the 21st century....We can’t go over this wave — we can’t go under it — we can’t go around it. We must meet this challenge head-on. We must come up with creative solutions to make senior services work better for our aging population in these tight budget times.”

—*Governor Perdue, remarks at
2010 Conference on Aging*

Governor's Conference on Aging

Health and Human Services

- ✱ Ease navigation of service system
- ✱ Help seniors stay at home as long as possible
- ✱ Assure quality residential/facility care
- ✱ Promote flexibility in use of funds
- ✱ Strengthen links between healthcare and community service providers
- ✱ Expand health promotion and disease prevention
- ✱ Strengthen healthcare workforce
- ✱ Support informed planning [personal & community]

Governor's Conference on Aging

Workforce & Economics of Aging

- ✿ Identify and promote workplace strategies
- ✿ Value retraining and retooling
- ✿ Recruit, train & retain aging and health care workforce
- ✿ Promote volunteerism
- ✿ Promote business of aging
- ✿ Support family caregivers
- ✿ Expand health promotion
- ✿ Support informed planning

Governor's Conference on Aging

Other Themes

- ★ Strengthen coordination among state and local agencies to reduce fragmentation
- ★ Ensure universal access to lifelong learning opportunities
- ★ Promote universal design in public and private housing
- ★ Increase transportation options
- ★ Increase participation among seniors, advocates, and public and private partners in planning and promoting livable and senior-friendly communities
- ★ Encourage volunteerism as a resource, taking into account the different interests among the generations
- ★ Promote prevention of abuse, neglect, and exploitation of older adults and people with disabilities
- ★ Expand assessment and planning for aging readiness to the local, faith and business communities
- ★ Educate all about aging issues and the complexities of care

The Challenge of Caregiving

- The detrimental effects of providing long-term care to a person with a serious illness or disability have emerged as a critical public health issue.
- Dementia caregivers, in particular, are exposed to chronic stress that is persistent and often uncontrollable and unpredictable—and generates tremendous physical and psychological strain.

The Importance of Caregiver Respite



- Family caregivers identify respite as one of their greatest needs.
- Respite care has been shown to reduce likelihood of abuse and neglect, help sustain family care capacity, and prevent or delay out-of-home placements.
- Respite represents a continuum of services based on individual needs.
- Dementia caregivers need sufficient and regular amounts of respite.
- Respite is most helpful before the caregiver becomes exhausted and overwhelmed.
- The most successful respite program offers flexibility and consumer control.

Basics of North Carolina's

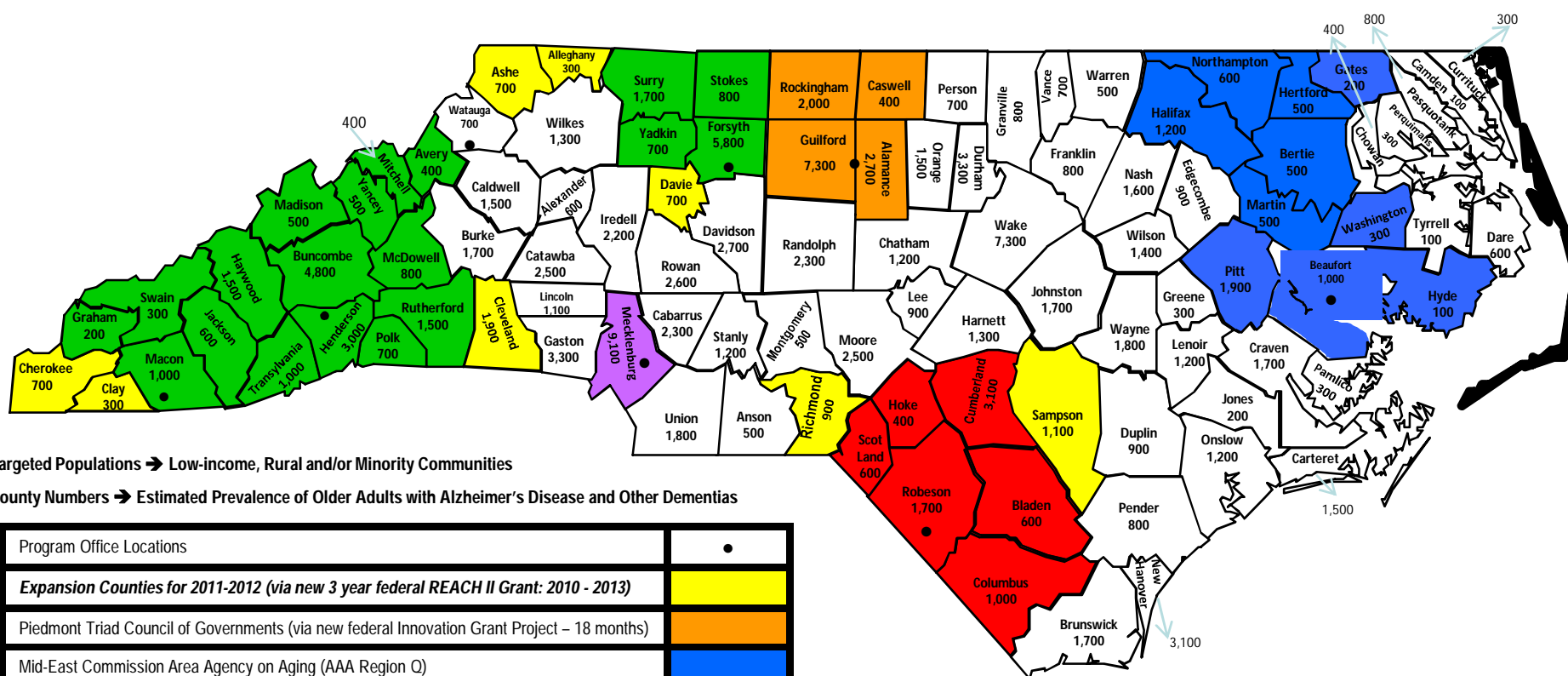


CAREGIVER ALTERNATIVES
TO RUNNING ON EMPTY

- Since 2001, has used a family consultant approach to provide consumer-directed respite and comprehensive support to caregivers of people with dementia.
- Direct partners include the Duke Family Support Program, Mecklenburg DSS, Area Agencies on Aging, Park Ridge Health, and many other local providers.
- Currently 5 program sites serve 25 counties.
- Recognized nationally as a best practice model and is supported by NC's aging advocates.

February 2011

Project C.A.R.E. Expansion Map



Targeted Populations → Low-income, Rural and/or Minority Communities

County Numbers → Estimated Prevalence of Older Adults with Alzheimer's Disease and Other Dementias

Program Office Locations	•
<i>Expansion Counties for 2011-2012 (via new 3 year federal REACH II Grant: 2010 - 2013)</i>	
Piedmont Triad Council of Governments (via new federal Innovation Grant Project – 18 months)	
Mid-East Commission Area Agency on Aging (AAA Region O)	
Lumber River Council of Governments (AAA Region N)	
Mecklenburg County Department of Social Services (DSS)	
Park Ridge Health	

Current Funding for Project C.A.R.E.

Funding Source	Funding Amount	% Used for Direct Respite Care
Recurring State funds	\$100,000	100%
Non-recurring State funds	\$500,000	>75%
Federal Grant funds (2008-2011)	\$340,000 (Year 3)	0% (not allowed)
New Federal Grant funds (2010-2013)	\$500,000 (Year 1)	10% (allowed small portion to be used as "recruitment incentive")
General Alzheimer's State Support funds	\$200,000	40%

S.L. 2010-31, Sec. 10.35B

- DAAS was directed to develop and implement a plan for use of the \$200,000 in recurring funds to support Alzheimer's-related activities consistent with Project C.A.R.E.
- DAAS used three basic criteria.
- DAAS has formed an ad-hoc Project C.A.R.E. Advisory Team that includes representation from the Governor's Advisory Council on Aging.

Current use of the \$200,000:

- \$60,000 to Park Ridge Health to help administer Project C.A.R.E. in western counties
- \$60,000 to Duke Family Support Program (up from \$50,000) reflecting expanded role in support of Project C.A.R.E.
- \$80,000 for direct respite in support of Project C.A.R.E.
- Funds are an important source of match for the federal Alzheimer's grant.

Potential Effect of Loss of \$500,000 for Project C.A.R.E.

Impact of losing the \$500K in state Project C.A.R.E. funds (includes the 11 additional counties added this fiscal year):

- **59%** reduction in direct respite care funding (total respite funding for next fiscal year would be \$250K: \$356,250 less than the current level of \$606,250)
- **59%** loss in number of families receiving respite care services from federal and state sources (from 243 to 100 families)
- **36%** loss in staff capacity (from 11 staff back to the original 7 FTE)
- **29%** loss in program reach (from 7 sites back to the original 5 program sites)
- **32%** reduction in counties served (from 34 back to 23 counties maximum)

***Loss in expansion potential (i.e., planned expansion for FY11-12 via new federal grant funds):**

- **\$125,000 less** in additional direct respite services funding
- **50** additional families would not receive respite care funding
- **8** additional counties would not be reached by Project C.A.R.E.
- **700** families would not be served overall – the proposed expansion from 23 counties to a total of 44 counties would have at least doubled the program's overall service capacity (respite and consultation services combined)

Factors Affecting an Aging North Carolina

- State budget shortfall and looming budget reductions
- Federal budget deficit
- Graying and browning of NC and US
- Future of health care reform, including the CLASS Act
- Political changes and influence of older voters

Senior Tar Heel Legislative Priorities

- Sustain and expand Project C.A.R.E.
- Support home and community-based services
- Support senior centers
- Mandate pre-employment and random drug testing for employees of nursing and assisted living facilities
- Promote dental care for frail elderly and adults with intellectual/developmental disabilities

Governor's Advisory Council

Recommendations—Funding-Related

While the Council would support a \$2 million non-recurring reduction in funds for the Home and Community Care Block Grant (HCCBG), the Council encourages:

- sustaining funding for the HCCBG
- maintaining funds sufficient to support Project C.A.R.E., to include continuing the \$500,000 in non-recurring funds that are set to end June 30, 2011, and changing this to a recurring source of support.

Governor's Advisory Council

Recommendations—Funding-Related

- The Council encourages efforts to sustain funding for Senior Centers and Adult Protective Services.
- While mindful of the pressure for significant reductions in all areas, including the Medicaid optional services, the Council encourages consideration of the merits of both the Community Alternatives Program and adult dental services.
- While the Council continues to support NC Senior Games, it would support some reduction in State funding—its recommendation is a non-recurring reduction of up to 15% (\$26,250).

Governor's Advisory Council

Recommendations—Other

- The Council supports maintaining the mission of the Home and Community Care Block Grant in terms of supporting local planning and providing counties with discretion and authority in determining services, service levels, and providers tied to eligible services.
- The Council values its participation as a member of the Aging Assessment Team as identified in Executive Order No. 54, and supports ongoing efforts to develop and effectively use the new Corps of Aging Liaisons across state government.
- The Council encourages consideration of the recommendations of the North Carolina Public Policy Research Center in its studies of the aging population, to include examining: (1) how the Commissioner of Banks, the financial management industry, and law enforcement can further partner to prevent fraud against the elderly; and (2) the merits of giving the Attorney General the power to prosecute fraud against the elderly.

Governor's Advisory Council

Recommendations—Other

- Given the stressed resources of local service agencies, especially the private non-profits (e.g. senior centers, adult day service centers), the Council encourages ways to **facilitate easier transfer of state surplus** and donated equipment, furniture and supplies to these entities.
- The Council encourages the NC Commission on Volunteerism and Community Service to make every effort to **support effective use of older persons and aging boomers** as resources within organizations and communities across North Carolina.
- The Council encourages the university and community college systems to take steps to **assure the availability of professional and paraprofessional direct care workers** to meet the needs of our aging population.

Should We Be Hopeful or Anxious as We Look to the Future?.....

